



PREMIER CERTIFIED LENDERS PROGRAM (PCLP) QUARTERLY LOAN LOSS RESERVE REPORT

[The PCLP CDC completes this form to report its quarterly Loss Reserves to the Lead SBA Office serving the territory where the business is located.]

CDC Name: _____

Quarter: _____ Year: _____

I. Balances and Reconciliations

| Bank Name | Statements for Quarter Ending | LLRF Balance | Statements Attached |
|---|----------------------------------|-----------------|------------------------|
| Bank 1 | | | |
| Bank 2 | | | |
| Bank 3 | | | |
| Bank 4 | | | |
| Bank 5 | | | |
| Bank 6 | | | |
| Bank 7 | | | |
| Bank 8 | | | |
| Bank 9 | | | |
| Bank 10 | | | |
| | | | |
| Total Loss Reserves | | | |
| | | | |
| Required Loss Reserves pursuant to 13 CFR § 120.847 | | | |
| | | | |
| Net Excess/(Shortage) | | | |

II. Attachments

CDC must attach copies of bank statements to support all stated reserve balances and attach correspondence with banks on reconciling accounts.

III. CDC Certification

By signing below, you certify as to the following:

1. The above information is true, complete and correct to the best of your knowledge.
2. CDC is in full and complete compliance with all SBA Loan Program Requirements applicable to its PCLP Loan Loss Reserve Fund (“LLRF”).
3. Each LLRF account listed above is subject to a Loan Loss Reserve Fund Deposit Account Control Agreement (“Control Agreement”) with SBA, and CDC is in full and complete compliance with all Control Agreements.
4. CDC is diligently monitoring its LLRF to ensure that it contains sufficient funds to cover its

Exposure for its entire portfolio of PCLP Debentures, and if, at any time, LLRF does not contain sufficient funds, CDC will, within 30 days of the earlier of the date it becomes aware of this deficiency or the date it receives notification from SBA of this deficiency, make additional contributions to the LLRF to make up this difference.

WARNING:

The undersigned certifies that all information provided to the CDC, and that all information in this application, including exhibits whether submitted contemporaneously with this application or at a later date, is true and complete to the best of his or her knowledge and is submitted to the CDC and to SBA so that SBA can decide whether to approve this application. The undersigned acknowledges that whoever makes any false statement or report, or willfully overvalues any land property or security for the purpose of influencing in any way the action of the SBA under the Small Business Investment Act, as amended, may be punished by a fine of not more than \$1,000,000 or by imprisonment for up to 30 years, or both, pursuant to 18 U.S.C. 1014. The undersigned further acknowledges that, in connection with a 504 loan, submission of any false statement to the CDC or SBA or submission of any record to the CDC or SBA omitting material information can result in civil money penalties and additional monetary liability up to three times the amount of damages which the Government sustains because of the false statement under the False Claims Act, 31 U.S.C. 3729.

CDC Chief Executive Official Signature

Date

PLEASE NOTE: According to the Paperwork Reduction Act, you are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated burden for completing this form, including time for reviewing instructions, gathering data needed, and completing and reviewing the form is 30 minutes per response. Comments or questions on the burden estimates should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., SW, Washington DC 20416. **PLEASE DO NOT SEND FORMS TO THIS ADDRESS.**